

Case Number:	CM15-0009003		
Date Assigned:	01/27/2015	Date of Injury:	11/24/2001
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old female, who sustained an industrial injury on 11/24/01. She has reported pain in the neck. The diagnoses have included chronic neck pain with radicular symptoms, depression and anxiety. Treatment to date has included C6-C7 fusion, MRI of cervical spine, TENs unit and oral medications. As of the PR2 dated 11/20/14, the injured worker reported ongoing neck and shoulder pain, the physician did indicate that he dispensed TENs unit supplies (2 packages of 4 leads). The treating physician is requesting TENs unit supplies (2 packages of 4 leads). On 12/17/14 Utilization Review non-certified a request for TENs unit supplies (2 packages of 4 leads). The UR physician noted that the progress note from 11/20/14, indicated that the supplies were dispensed at the office visit. On 1/15/15, the injured worker submitted an application for IMR for review of TENs unit supplies (2 packages of 4leads).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS unit supplies (2 packages of 4 leads) related to the neck injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transecutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for TENS unit supplies was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated supplies should be predicated on evidence of a favorable outcome during a one-month trial of the same, in terms of both pain relief and function. Here, however, the applicant was/is off of work, it was suggested. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. Ongoing usage of the TENS unit had failed to curtail the applicant's dependence on opioid agents such as Norco and MS Contin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the TENS unit. Therefore, the request for associated TENS unit supplies was not medically necessary.